

# FMCSA Motor Carrier

USDOT Number: **38111**  
Docket Number: **MC057591**  
Legal Name: **EVANS DELIVERY COMPANY, INC.**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **100-110 W COLUMBIA ST  
SCHUYLKILL HAREN, PA 17972**  
Business Phone: **(570) 385-9048** Business Fax: **Fax: (570) 385-5970**  
Mail Address: **P O BOX 268  
POTTSVILLE, PA 17901**  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$1,000,000</b>	BIPD on File:	<b>\$1,000,000</b>
Cargo Exempt:	<b>NO</b>	Cargo Required:	<b>YES</b>	Cargo on File:	<b>YES</b>		
BOC-3:	<b>YES</b>	Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>		

Blanket Company: **NATIONAL RESIDENT AGENT SERVICE, INC.**

Comments: **MCF-19439/TA FILED 6/20/89.**

## Active/Pending Insurance:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>	Posted Date: <b>06/22/2009</b>
Policy/Surety Number: <b>EDC 8160000-00</b>	Coverage From: <b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date: <b>06/28/2009</b>	Cancellation Date:	

Insurance Carrier: **NATIONAL INTERSTATE INSURANCE COMPANY**  
Attn: **ATTN: HOLLY HUMMEL**  
Address: **3250 INTERSTATE DRIVE  
RICHFIELD, OH 44286-9000 US**  
Telephone: **(800) 929 - 1500** Fax: **(330) 659 - 8901**

Form: <b>34</b>	Type: <b>CARGO</b>	Posted Date: <b>06/25/2008</b>
Policy/Surety Number: <b>QT-660-4489M253-</b>	Coverage From: <b>\$0</b>	To: <b>\$5,000 *</b>
Effective Date: <b>06/28/2008</b>	Cancellation Date:	

Insurance Carrier: **TRAVELERS PROPERTY CASUALTY CO. OF AMERICA**  
Attn: **PLEASE CONTACT YOUR LOCAL AGENT**  
Address: **1 TOWER SQUARE, 5GS  
HARTFORD, CT 06183 US**  
Telephone: Fax:

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## Active/Pending Insurance:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>12/07/2004</b>
Policy/Surety Number: <b>S-902 2902</b>	Coverage From: <b>\$0</b>	To: <b>\$10,000 *</b>
Effective Date: <b>09/20/2004</b>	Cancellation Date:	

Insurance Carrier: **WASHINGTON INTERNATIONAL INSURANCE COMPANY**  
Attn: **C/O ROANOKE TRADE, ATTN: STEVE KNUTSON**  
Address: **1475 E WOODFIELD RD., STE: 500**  
**SCHAUMBURG, IL 60173 US**  
Telephone: **(847) 969 - 8279** Fax: **(847) 969 - 3279**

## Note:

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance and \$10,000 for bond/trust fund).  
The carrier may actually have higher levels of coverage.

## Rejected Insurances:

Form:	Type:	Coverage From:	<b>\$0</b>	To:	<b>\$0</b>
Policy/Surety Number:		Received:		Rejected:	
Rejected Reason:					

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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>CL512122</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>02/12/1991</b>	To: <b>04/17/1991</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier **EMPIRE FIRE & MARINE INSURANCE CO.**  
Attn: **FOR CLAIMS CALL: 888-680-8003**  
Address: **13810 FNB PKWY.**  
**OMAHA, NE 68154-5202 US**  
Telephone: **(888) 680 - 8003** Fax:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>DXA80161598</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/1996</b>	To: <b>08/22/1997</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier **AMERICAN INSURANCE CO.**  
Attn: **CAROLYN NICHOLS**  
Address: **777 SAN MARIN DRIVE**  
**NOVATO, CA 94998 US**  
Telephone: **(714) 368 - 6303** Fax: **(415) 899 - 2405**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100274</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>04/28/2006</b>	To: <b>06/28/2007</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier **LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF**  
Attn: **GARY J. ORNDORFF/ PRESIDENT & CEO**  
Address: **3501 CONCORD RD., P. O. BOX 12009**  
**YORK, PA 17402-0609 US**  
Telephone: **(717) 757 - 0000** Fax: **(717) 757 - 7916**

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100274</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>04/28/2006</b>	To: <b>05/28/2007</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF**  
Attn: **GARY J. ORNDORFF/ PRESIDENT & CEO**  
Address: **3501 CONCORD RD., P. O. BOX 12009**  
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## Insurance History:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100295</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>05/28/2007</b>	To: <b>06/28/2008</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF  
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO  
Address: 3501 CONCORD RD., P. O. BOX 12009  
YORK, PA 17402-0609 US  
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100195-01</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/2005</b>	To: <b>06/28/2006</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF  
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO  
Address: 3501 CONCORD RD., P. O. BOX 12009  
YORK, PA 17402-0609 US  
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100195-01</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/2005</b>	To: <b>04/28/2006</b>	Disposition: <b>Replaced</b>			

Insurance Carrier LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF  
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO  
Address: 3501 CONCORD RD., P. O. BOX 12009  
YORK, PA 17402-0609 US  
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>ATM008898</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/1998</b>	To: <b>06/28/2004</b>	Disposition: <b>Replaced</b>			

Insurance Carrier CLARENDON NATIONAL INS. CO.  
Attn: DANNY GREEN  
Address: 466 LEXINGTON AVENUE, SUITE 1900  
NEW YORK, NY 10017 US  
Telephone: (212) 790 - 9700 Fax: (212) 805 - 9800

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Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100195</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/2004</b>	To: <b>09/29/2004</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF  
Attn: GARY J. ORNDORFF/ PRESIDENT & CEO  
Address: 3501 CONCORD RD., P. O. BOX 12009  
YORK, PA 17402-0609 US  
Telephone: (717) 757 - 0000 Fax: (717) 757 - 7916

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>SLLTI200002</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/29/2008</b>	To: <b>06/28/2008</b>	Disposition: <b>Replaced</b>			

Insurance Carrier STATE NATIONAL INSURANCE CO., INC.  
Attn: DEBBIE VANSANFORD  
Address: 8200 ANDERSON BLVD.  
FORT WORTH, TX 76120 US  
Telephone: (817) 265 - 2000 Fax: (817) 548 - 0596

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>SLLTI200002</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/2008</b>	To: <b>06/28/2009</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier STATE NATIONAL INSURANCE CO., INC.  
Attn: DEBBIE VANSANFORD  
Address: 8200 ANDERSON BLVD.  
FORT WORTH, TX 76120 US  
Telephone: (817) 265 - 2000 Fax: (817) 548 - 0596

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>KX274262</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>06/28/1997</b>	To: <b>06/28/1998</b>	Disposition: <b>Replaced</b>			

Insurance Carrier PROVIDENCE WASHINGTON INSURANCE CO.  
Attn: LINDA STORM  
Address: P.O. BOX 518  
PROVIDENCE, RI 02901 US  
Telephone: (401) 453 - 7177 Fax: (401) 453 - 7188

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Form: <b>91X</b>	Type: <b>BIPD/Primary</b>				
Policy/Surety Number: <b>LT1100195</b>	Coverage From	<b>\$0</b>	To:	<b>\$1,000,000</b>	
Effective Date From: <b>09/29/2004</b>	To: <b>06/28/2005</b>	Disposition: <b>Cancelled</b>			

Insurance Carrier **LINCOLN GENERAL INSURANCE COMPANY MIDWEST OFF**  
Attn: **GARY J. ORNDORFF/ PRESIDENT & CEO**  
Address: **3501 CONCORD RD., P. O. BOX 12009**  
**YORK, PA 17402-0609 US**  
Telephone: **(717) 757 - 0000** Fax: **(717) 757 - 7916**

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>IF8682407</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>03/12/1990</b>	To: <b>06/28/1996</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **LEXINGTON INSURANCE COMPANY**  
Attn: **EDWARD T. FOX**  
Address: **100 SUMMER ST., 30THFLR**  
**BOSTON, MA 02110-2103 US**  
Telephone: **(617) 330 - 8261** Fax: **(866) 463 - 1826**

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>890586</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>06/28/1996</b>	To: <b>06/23/2000</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **LEXINGTON INSURANCE COMPANY**  
Attn: **EDWARD T. FOX**  
Address: **100 SUMMER ST., 30THFLR**  
**BOSTON, MA 02110-2103 US**  
Telephone: **(617) 330 - 8261** Fax: **(866) 463 - 1826**

Form: <b>34</b>	Type: <b>CARGO</b>				
Policy/Surety Number: <b>8535917</b>	Coverage From	<b>\$0</b>	To:	<b>\$5,000 *</b>	
Effective Date From: <b>06/23/2000</b>	To: <b>06/28/2008</b>	Disposition: <b>Replaced</b>			

Insurance Carrier **LEXINGTON INSURANCE COMPANY**  
Attn: **EDWARD T. FOX**  
Address: **100 SUMMER ST., 30THFLR**  
**BOSTON, MA 02110-2103 US**  
Telephone: **(617) 330 - 8261** Fax: **(866) 463 - 1826**

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Form: <b>84</b>	Type: <b>SURETY</b>			
Policy/Surety Number: <b>26-496</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>
Effective Date From: <b>09/20/1990</b>	To: <b>09/20/2004</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **OHIO CASUALTY INSURANCE CO.**  
 Attn: **DENISE MACKENDIRCK**  
 Address: **9450 SEWARD ROAD**  
**FAIRFIELD, OH 45015 US**  
 Telephone: **(513) 603 - 2400** Fax: **(513) 867 - 3215**

Form: <b>84</b>	Type: <b>SURETY</b>			
Policy/Surety Number: <b>S-902 2902</b>	Coverage From	<b>\$0</b>	To:	<b>\$10,000 *</b>
Effective Date From: <b>09/20/2004</b>	To: <b>09/20/2004</b>	Disposition: <b>Replaced</b>		

Insurance Carrier **WASHINGTON INTERNATIONAL INSURANCE COMPANY**  
 Attn: **C/O ROANOKE TRADE, ATTN: STEVE KNUTSON**  
 Address: **1475 E WOODFIELD RD., STE: 500**  
**SCHAUMBURG, IL 60173 US**  
 Telephone: **(847) 969 - 8279** Fax: **(847) 969 - 3279**

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## Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	05/30/1997
39	CONTRACT	REJECTED	10/03/1990
38	BROKER	GRANTED	09/28/1990
36	CONTRACT	DENIED	08/18/1988

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Authority History:			
Sub No.	Authority Type	Original Action	Disposition Action
35	COMMON	GRANTED	05/15/1981
33	COMMON	GRANTED	03/23/1981
34	COMMON	GRANTED	02/09/1981
32	COMMON	GRANTED	12/08/1980
31	COMMON	GRANTED	12/08/1980
28	COMMON	GRANTED	11/06/1980
19	COMMON	GRANTED	11/06/1980
22	COMMON	GRANTED	07/28/1980
26	COMMON	GRANTED	07/23/1980
27	COMMON	GRANTED	06/19/1980

Pending Application:				
Authority Type	Filed	Status	Insurance	BOC-3
<input type="text"/>				

Revocation History:			
Authority Type	1st Serve Date	2nd Serve Date	Reason
<input type="text"/>			